Case 1:19-cv-02578-TFH Document 1-4 Filed 08/27/19 Page 1 of 2 CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC)				me					1
I. (a) PLAINTIFFS			DEFENDANTS						
ELECTRONIC FRONTIER FOUNDATION			DEPARTMENT OF HOMELAND OF SECURITY						
	00000		GOLD TOTAL S =	DEG:	IOD OD =	WD 077 7 70=	OD DEPEND : :		
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 88888 (EXCEPT IN U.S. PLAINTIFF CASES)			COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY)						
·	<u> </u>				MNATION C	ASES, USE THE	E LOCATION OF THE TRACT OF L	AND INVOLVI	ED
(c) ATTORNEYS (FIRM NAME, ADDRESS,	AND TELEPHONE NUMBER)	A	ATTORNEYS (I	r KNOW	IN)				
David L. Sobel									
Electronic Frontier Foundation									
5335 Wisconsin Ave., NW., Su Washington, DC 20015, (202									
		III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR							
		LAINTIFF AI		OR DEFI PTF	ENDANT ₎ DFT) <u>FOR DIV</u>	ERSITY CASES ONLY!	PTF	DFT
	leral Question S. Government Not a Party) Ci	itimos - Cd 1		O 1	O 1	Incom	oted on Drive in a LDI	O 4	O 4
Fiamuli (U.S	5. Government (Not a Party) C	itizen of this	s State	· ·	· ·		nted or Principal Place less in This State	→	○ [↑]
② 2 U.S. Government	versity Ci	itizen of An	other State	\bigcirc 2	\bigcirc 2	0 0,2		O 5	O 5
Defendant (Inc	dicate Citizenship of	mzen di All	ionici state	O 2	O 2		nted and Principal Place less in Another State	O 5	O 5
Par		itizen or Sul		O 3	O 3				
	Fo	oreign Coun		0 '	0 -	Foreign 1	Nation	\bigcirc 6	O 6
	IV. CASE ASSIGN	MENT A	ND NATH	RF ∩ı	TIIIZ	,			
(Place an X in one catego	ory, A-N, that best represent						onding Nature of Sui	it)	
	ersonal Injury/		. Administ				O D. Tempora		าลเทเมล
	alpractice		. Auminisi Review	i uiive i	igencj	r	Order/Pro		
(C) 410. Antituust	•						Injunctio		J
310 All		Social Security			,				
	rplane Product Liability sault, Libel & Slander				Any nature of suit from any category				
330 Federal Employers Liability 340 Marine 345 Marine Product Liability 350 Motor Vehicle 355 Motor Vehicle Product Liability		O 861 HIA (1395ff)			may be selected for this category of case assignment.				
			862 Black Lung (923) 863 DIWC/DIWW (405(g)) 864 SSID Title XVI 865 RSI (405(g))			_			
						(If Antitrust, then A governs)			
		Other Statutes							
	edical Malpractice		1 Agricultura						
(C) 365 Pro	oduct Liability		3 Environmei 0 Other Statu						
	alth Care/Pharmaceutical								
I	Personal Injury Product Liability			Administrative Agency is Involved)					
[()] 368 Asi	L 4 D 1 4 T * 1 ****	7		uve Age	ncy is				
	bestos Product Liability	7		uve Age	ncy is				
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Case 1:19-cv-02578-TFH Document 1-4 Filed 08/27/19 Page 2 of 2

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O G. Habeas Corpus/ 2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	O H. Employment Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	 I. FOIA/Privacy Act 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act) 	O J. Student Loan 152 Recovery of Defaulted Student Loan (excluding veterans)					
	(If pro se, select this deck)	*(If pro se, select this deck)*						
○ K. Labor/ERISA (non-employment) ○ 710 Fair Labor Standards Act ○ 720 Labor/Mgmt. Relations ○ 740 Labor Railway Act ○ 751 Family and Medical Leave Act ○ 790 Other Labor Litigation ○ 791 Empl. Ret. Inc. Security Act	O L. Other Civil Rights (non-employment) () 441 Voting (if not Voting Rights Act) () 443 Housing/Accommodations () 440 Other Civil Rights () 445 Americans w/Disabilities – Employment () 446 Americans w/Disabilities – Other () 448 Education	O M. Contract ☐ 110 Insurance ☐ 120 Marine ☐ 130 Miller Act ☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment	N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)					
V. ORIGIN								
● 1 Original Proceeding From State Court								
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) Wrongful withholding of agency records; 5 U.S.C. § 552								
	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND JU	Check Y RY DEMAND: YES	YES only if demanded in complaint NO NO					
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO / If yes, p	lease complete related case form					
DATE: August 27, 2019	SIGNATURE OF ATTORNEY OF REC	CORD DOWN Z. For						

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed <u>only</u> if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.